



CHILD CARE ADVISORY BOARD

SUPPLEMENTAL QUESTIONNAIRE

Name _____

Please print or type your answers to the following questions and submit with your completed application.

Please identify the membership category for which you are applying:

- ☐ Community Care Licensing and Resource/Referral Agency
- ☐ Community College, School District, or County Office of Education
- ☐ Child Care Center or Family Child Care Services
- ☐ Business Community
- ☐ Parent
- ☐ Related Field

Experience with Child Care: (List relevant background, which was not noted above)

Membership on Civic or Charitable Organizations:

<u>Organization</u>	<u>Position Held</u> <u>(chairperson, member)</u>	<u>Date</u>
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Describe your involvement in community activities, volunteer, and civic organizations.

What is it about this Child Care Advisory Board that interests you?

What qualities, experience, and expertise would you bring to the Child Care Advisory Board?

What do you perceive as the purpose of the Child Care Advisory Board?

How do you see your role as a/n Child Care Advisory Board Member?

In what ways could or should the City strengthen art programs in the community?

List the dates you have attended the following meetings:

Child Care Advisory Board _____

City Council _____

Signature

Date

Please return to: City Clerk, P.O. Box 3707, Sunnyvale, CA 94088-3707